

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90006 013 ****70.00

DOCUMENT # F93000001048

1. Corporation Name

THE MYELIN PROJECT, INC.

Principal Place of Business

1747 PENNSYLVANIA AVE., NW
SUITE 950
WASHINGTON DC 20006

Mailing Address

1747 PENNSYLVANIA AVE., NW
SUITE 950
WASHINGTON DC 20006



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/25/1993

4. FEI Number

52-1545992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOLD, JAY
2207 EARLEAF COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
ODONE, AUGUSTO
STREET ADDRESS
1747 PENNSYLVANIA AVE., NW, STE. 950
CITY-ST-ZIP
WASHINGTON DC 20006

TITLE ☒ DELETE

NAME
VP
ODONE, MICHAELA
STREET ADDRESS
3700 CORDOVA PLACE
CITY-ST-ZIP
FAIRFAX VA 22031

TITLE ☐ DELETE

NAME
T
LOUISELL, RICHARD
STREET ADDRESS
7385 PEMBROKE DR.
CITY-ST-ZIP
RENO NV 89502

TITLE ☐ DELETE

NAME
T
GOLD, JAY
STREET ADDRESS
2207 EARLEAF CT.
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ DELETE

NAME
T
GERNHART, JOHN
STREET ADDRESS
3054 185TH ST.
CITY-ST-ZIP
MOVILLE IA 51039

TITLE ☐ DELETE

NAME
S
CHAPMAN, PATTI
STREET ADDRESS
1449 CALLE DEL JONELLA
CITY-ST-ZIP
PACIFIC PALISADES CA 90272

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Augusto Odone 5/20/99 (202) 52-8994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)